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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						101648139			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51			
2	2	1				52			
3	2	2				53			
4	①	①				54			
5	①	①				55			
6	①	①				56			
7						57			
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43						93			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
ITAL D.	1		1			TOTAL IND.			
ITAL D.	4	←	6	←	↓	TOTAL DEP.	←	↓	↓
ITAL AIMS	7	7	7	7	7	TOTAL CLAIMS	7	7	7